

Case Number:	CM15-0047752		
Date Assigned:	03/19/2015	Date of Injury:	02/03/1992
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male, who sustained an industrial injury on February 3, 1992. He has reported neck pain and bilateral arm pain. Diagnoses have included brachial neuritis/radiculitis, cervical spine radiculopathy, cervical spine disc herniation, cervical spine degenerative disc disease, and cervical spine spondylosis. Treatment to date has included medications, injections, fusion surgery, and imaging studies. A progress note dated February 3, 2015 indicates a chief complaint of increased neck pain with radiation to the bilateral arms, and poor sleep quality. The treating physician documented a plan of care that included medications, cervical epidural steroid injection, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ultram ER 100mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: The 59 year old patient complains of neck pain, rated at 10/10 without medications and 9/10 with medications, that radiates to both arms, as per progress report dated 02/03/15. The request is for ULTRAM ER 100 mg # 30. The RFA for the case is dated 02/10/15, and the patient's date of injury is 02/03/92. The patient is status post 2 cervical fusions with residual C7 disease and has also been diagnosed with cervical radiculopathy, post cervical laminectomy syndrome, and spasm of muscle, as per progress report dated 02/03/15. Medications included Ultram, Zanaflex, Trazodone, Tramadol and Neurontin. The reports do not document the patient's work status. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Ultram was first noted in progress report dated 09/15/14. In progress report dated 02/03/15, the treating physician states that the combination of Ultram and Tramadol helps reduce pain from 10/10 to 8/10. Ultram provides "good pain relief throughout the day." The physician also states that "With the medications the patient can perform household tasks including cooking, cleaning and self-care for 35 to 40 minutes or greater at a time. This is a functional improvement over baseline without medications. Without medications the patient cannot perform these tasks or is limited to 10 minutes or less." No recent UDS or CURES reports have been provided for review although the physician states that the patient takes the medications as prescribed. A urine toxicology report, dated 01/30/12, documented in the report does not mention opioids. Nonetheless, given the significant impact of Ultram on pain and function, the request IS medically necessary.

Tramadol HCL 50mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: The 59 year old patient complains of neck pain, rated at 10/10 without medications and 9/10 with medication, that radiates to both arms, as per progress report dated 02/03/15. The request is for TRAMADOL HCL 50 mg # 60. The RFA for the case is dated 02/10/15, and the patient's date of injury is 02/03/92. The patient is status post 2 cervical fusions with residual C7 disease and has also been diagnosed with cervical radiculopathy, post cervical laminectomy syndrome, and spasm of muscle, as per progress report dated 02/03/15. Medications included Ultram, Zanaflex, Trazodone, Tramadol and Neurontin. The reports do not document the patient's work status. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or

outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Tramadol was first noted in progress report dated 09/15/14. In progress report dated 02/03/15, the treating physician states that the combination of Ultram and Tramadol helps reduce pain from 10/10 to 8/10. Tramadol "works well to reduce his pain during flare-ups." The physician also states that "With the medications the patient can perform household tasks including cooking, cleaning and self-care for 35 to 40 minutes or greater at a time. This is a functional improvement over baseline without medications. Without medications the patient cannot perform these tasks or is limited to 10 minutes or less." No recent UDS or CURES reports have been provided for review although the physician states that the patient takes the medications as prescribed. A urine toxicology report, dated 01/30/12, documented in the report does not mention opioids. Nonetheless, given the significant impact of Tramadol on pain and function, the request IS medically necessary.